WITH RESPECT TO PATIENTS AND READERS: DEADLY TERMS TO EXCISE*

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ABSTRACT:
In the rhetorical space of my one-on-one teaching and editing relationship with surgeon-scientists, I strive to excise terms that dehumanize patients or derail readers (ie, terms that are insensitive or obfuscating or both). To distill my empathy-oriented advice into manageable, memorable bite-sized chunks—à la 7 deadly sins, or 7 wonders of the publish-or-perish world—I herein present 7 dismay-causing terms to avoid if you want to show respect for patients on paper or screen and another 7 detour-causing terms to avoid if you want to show respect for your readers. These 14 terms are the polar opposite of “user-friendly,” and they are fairly easy to banish from your prose, with a little good-faith effort.

My list of patient-unfriendly terms to cut includes (1) “patient management,” (2) “clinical material,” (3) “case” used for a patient, (4) “present” used of a patient, (5) “failure” attributed to patients, (6) “elderly,” and (7) “rule of thumb.” Likewise, I recommend jettisoning, in most contexts, these reader-unfriendly terms: (1) “respectively,” (2) “former” and “latter,” (3) “this” bereft of a noun, (4) “there” clauses, (5) “it” clauses, (6) vague uses of “between,” and (7) undecipherable references to “the authors.” Leaving out such easy-to-remember, hard-to-stomach contaminants would leave more breathing room and heart in medical publications.

As a longtime author’s editor in a bustling surgery department, as a change agent in the powerful and power-laden genre of medical writing, I know that overtaxed faculty and residents cannot readily squeeze intensive writing practice, or grammar or usage training, into their 24/7 workweeks. But as surgeon-scientists schooled in the art of removing offending body parts and wiping out dangerous disease processes, they do know how to take things out, to excise whatever blocks the way to restored health: they dissect out necrotic gallbladders or pancreases, amputate gangrenous toes, scrape away arterial plaque, burn off plantar warts, suction out peritoneal fluid, drain pus, retrieve aspirated toys, ablate tumors, debride wounds, cut out polyps, enucleate eyeballs.

Why not marshal all that can-do bravado and use it to surgically remove terms that are demeaning to patients and obfuscating to readers in the medical journals and textbooks drafted by these researchers? Sometimes zeroing in on the negative is the most authoritative way to ensure truly affirmative action à la the Ten Commandments: “Thou shalt nots” and official position statements and guidelines encouraging nonsexist or nonracist language.

Other examples of negative commands include The Joint Commission on Accreditation of Healthcare Organizations’ list of dangerous “Do Not Use” abbreviations, acronyms, and symbols (such as “IU” for international unit, potentially mistaken by pharmacists and other caregivers as “IV” for intravenous or “10”); Michigan’s Lake Superior State University annual “List of Banished Words” (which in 2007 included such disrespectful, breezy-sounding euphemisms as “Gitmo” and “gone/went missing”); and a commentary in the journal Minnesota Medicine by Gary Schwitzer, University of Minnesota Health Journalism scholar. Schwitzer skewered 7 words that “reporters should never use in medical news”; namely, miracle, cure, breakthrough, promising, hope, victims, and dramatic. As Schwitzer elaborated, “In research I conducted in 2002, I found almost a thousand stories about experiments to develop a drug for the common cold. A third of them referred to the drug as a miracle, a wonder drug, or a super drug, or used some other sensational term. Many predicted imminent Food and Drug Administration (FDA) approval. An FDA advisory committee unanimously rejected the drug”—a fact that few, if any, original reports ever bothered to prominently follow up on.

In the rhetorical space of my one-on-one teaching relationship with both aspiring and seasoned surgeons (a space that incorporates ongoing field, observational, and text-based study all at once), I strive to close the gate, firmly and forever, on terms that heartlessly dehumanize patients or hopelessly derail readers; ie, terms that are insensitive or obfuscating or both. Whether scrawled in the margin of one of my colleagues’ manuscripts or stressed in a quick meeting in my office or theirs (or, more likely, in the hallway or elevator), my litany of outright banned unhealthy terms aims to set in motion, in their writerly hands, the same visceral “take it out” zeal that their physiologic operations inspire. I’m on their side, helping them revise; and we are both ineluctably on the reader’s side or, as the case may be, the patient’s side. The ethos of skilled caring aspired to by well-meaning physician-authors is harmed, simply and profoundly, by terms that are problematic. Of course, such terms

*Several passages and quotations from the first half of this article (on patient-unfriendly terms) are from Knatterud’s doctoral dissertation-turned-book, First Do No Harm: Empathy and the Writing of Medical Journal Articles (New York and London: Routledge; 2002). In addition, Knatterud presented portions of this material at the Twin Cities Shriners Hospital (May 23, 2006, Minneapolis, MN) and as part of a panel titled Does Science Matter? at the annual convention of the Conference on College Composition and Communication, a division of the National Council of Teachers of English (March 19, 2005, San Francisco, CA).
will most likely continue to appear in the work of writers who are unaware of the disrespect they perpetuate, but that is all the more reason for their sensitized colleagues to start setting a better example.

From my vantage point as an English PhD amid a sea of MDs and basic science PhDs in an academic surgery department, I wrote an entire dissertation-turned-book on the topic of empathy toward patients on paper (a work that grew from a paper, published as an article6 in this journal, that I had presented at my first-ever AMWA conference in Los Angeles in 1990). To distill some of that empathy-oriented advice into more manageable, memorable, bite-sized chunks—in the spirit of Schwitzer’s 7 words to zap out of newspaper stories—I herein present 7 dismay-causing terms to excise if you want to show respect for patients on paper or screen and another 7 detour-causing terms to excise if you want to show respect for your readers. The 14 terms listed and briefly annotated below are the opposite of “user-friendly”; in fact, they are rude (in my opinion). But they are also fairly easy to banish from your prose, with a little good-faith effort.

**EXCISE THESE 7 PATIENT-UNFRIENDLY TERMS**

1. any form of the word “management” inflicted directly on patients, as in “patient management” or “other options for managing this patient”

   Why not “patient care,” which is shorter and much sweeter, or “other options for caring for this patient”? “Management” is the realm of bottom-line-obessed businesspeople and supervisors. In compelling contrast, physicians and nurses and pharmacists and orthotists and other health workers are in a profession that professes a deep humanistic commitment, ideally collaborating with patients and involving them as active participants in their own recovery, not bossing them around as underlings or commodifying them into products. It is fine to “manage” patients’ blood pressure, or their diabetes, or their care, or their postoperative pain, or their hospital discharge, but not to manage the patients themselves.

2. “the oxymoron “clinical material,” as in “Our study’s clinical material consisted of 50 children with cerebral palsy and 50 with sclerosis.”

   Why not instead write, “Our study participants...” or “Our study group...”? I personally don’t like the top-down whiff of the overwhelmingly common “study subjects” either, as if physicians are ensnioned on a throne looking down on their pliant serfs, but it’s slightly better than reducing patients to “material.”

3. “case” substituted for a patient, as in “The first case with this complication developed type 1 diabetes at the age of 6,” or “We operated on several cases that came in by ambulance the night before”

   This is an oldie but not goodie that has still not been eradicated. Morris Fishbein, MD, the storied former editor of the Journal of the American Medical Association, railed against equating patients with “cases” 6 decades ago: “A case is an instance of disease, the totality of the symptoms and of the pathologic and other conditions; a patient is the human being afflicted. One continually finds in medical manuscripts such sentences as ‘The case had a fever,’ ‘Thirty cases were admitted to the hospital’ and ‘The case was operated on.’ In the publications of the American Medical Association such usages are banned.”

   “Case” as a stand-in for the patient is not recognized by the Oxford English Dictionary except as an afterthought in definition 8b: “Also (colloq.), a patient.” Ironically, its 1864 illustration of the word seemingly condemns this colloquialism: “Nothing else could teach him that patients are not cases but persons.”

4. a form of the verb “to present” used of a patient, as in “a 37-year-old man who presented with localized melanoma”

   Why not delete “who presented” and simply write, “a 37-year-old man with localized melanoma”? If more details are needed, add them; eg, “When we first examined this 37-year-old man, he had localized melanoma.” To me, applying “present” directly to patients underscores the imbalance of power, as if patients are offering themselves up to some formidable military inspector or self-aggrandizing monarch or priest—rather than seeking care from a fellow human being who happens to have medical expertise. This usage conjures up the primatologist’s langur, which “exhibits no visible sign when she is in estrus other than to present to a male and to shudder her head”11—not an apt image...
of what a mutually respectful physician-patient relationship should be!

5. any form of the word “failure” attributed to patients, as in blaming the victim putdowns like “patients who failed cardiac resynchronization therapy” or “treatment failures were asked to return for further workup”

It is the therapy or the treatment that failed, not the human being valiantly undergoing it. Phrasing such as the examples must be recast, as in “for patients whose cardiac resynchronization therapy failed” or “patients whose treatment results were suboptimal.”

6. the term “elderly,” especially the amorphous lumping and dumping of people into that group with the definite article, as in “the elderly”

For a field like medical writing that putatively honors exactness and careful observation, wouldn’t the descriptor “patients 80 years or older” be more precise as well as less patronizing? The sheer inaccuracy of “elderly” is illustrated by the term “elderly primigravida,” endorsed by the International Federation of Obstetricians and Gynecologists as recently as 1959 and referring to any woman age 35 or older! Empathetically enough, a 1995 New England Journal of Medicine editorial wishes that this term would “become outmoded.” The October-November 1999 issue of the Copy Editor newsletter, describing “a recent survey of 803 American men and women ages 50 to 75,” notes that topping their list of “most objectionable labels” was the phrase “the elderly.”

7. the etymologically challenged cliché “rule of thumb,” as in “The rule of thumb for transplant recipients who experience an episode of rejection is to increase their immunosuppressive drug doses”

This term carries some violently disgraceful baggage and should never be allowed to intertwine with statements about patients or anyone else. Like the casual use of “wife-beater” for a sleeveless T-shirt (a use banned by The Boston Globe), “rule of thumb” has at least a few tortuous roots in court-sanctioned domestic abuse. Its unsavory legal past, though widely dismissed on the Internet as an urban legend, is a fact. As Linda Hirshman, a professor of women’s legal studies, notes, “there are at least three 19th-century American cases that refer explicitly to the right of a husband to beat his wife with a ‘stick as large as his finger but not larger than his thumb.’” With the expert help of a reference librarian at the University of Minnesota Law School, I tracked down copies of those 3 cases cited by Hirshman (and there may be many more). In Calvin Bradley v The State (a case that came before the Supreme Court of Mississippi in December 1824), the Honorable Powhattan Ellis referred to “those, who might think [it] proper to use a whip or rattan, no bigger than my thumb, in order to enforce the salutary restraints of domestic discipline.” In State v A.B. Rhodes (a case that came before the Supreme Court of North Carolina in January 1868), the prior history section noted that “His Honor was of [the] opinion that the defendant had a right to whip his wife with a switch no larger than his thumb.” In State v Richard Oliver (a case that came before the Supreme Court of North Carolina in January 1874), the headnotes stated, “The doctrine of years ago, that a husband had the right to whip his wife, provided, he used a switch no larger than his thumb, no longer governs the decisions of our Courts....”

Granted, the above legal references represent just one tiny (albeit volatile) branch of the phrase’s history. The Oxford English Dictionary includes citations as early as 1692 for “rule of thumb,” defined as “[a] method or procedure derived entirely from practice or experience, without any basis in scientific knowledge; a roughly practical method,” with no mention of its legal use in wife abuse cases. And what may or may not be written about English common law and “the rule of thumb” is the topic for another research project. Nonetheless, the ugly reality of the sexist and savage wording of those US court documents in the 1800s is enough to sully “rule of thumb” for me.

Excising all 7 of the above patient-unfriendly terms would enhance respect not only for innocent patients but also for readers forced to absorb such uncaring, objectifying wording. And now, here are 7 terms that are particularly jarring for readers (whether or not any patients are in sight). Most readers are busy and already information-overloaded; subjecting them to time-wasting lack of clarity is an insult to their attention and good will. Granted, most writers are also busy and information-overloaded, so they must make an increased effort to selectively and effectively lay out their thoughts in a considerate, effortless-to-follow manner. It is the writer’s job to make the reader’s job as easy as possible. The 7 terms discussed here are usually plopped in and misused when writers are too harried (or sometimes, too lazy or self-absorbed) to properly align the subparts of their message, leaving it to the poor reader to backtrack in an attempt to figure out what goes with what. To illustrate what’s at stake, after naming each term, I will give 1 or more examples of a clumsy, and in some cases, maddeningly confusing, passage using that term, followed by a suggested revision.

(Caveat lector: I certainly do not deny that some instances of the following 7 terms might be relatively harmless, if carefully deployed in a concise and well-crafted sentence or in a crystal-clear context, and if not overused within a given document. Nonetheless, I believe that the medical literature would be far better if these 7 terms were less ubiquitous or even nonexistent.)

EXCISE THESE 7 READER-UNFRIENDLY TERMS

1. the word “respectively”

Clumsy passage
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2. the word “in" respectively”

Clumsy passage
A few years later, in 1906, Mathieu Jaboulay, professor of surgery in Lyon, France, connected the renal vessels of
A few years later, in 1906, Mathieu Jaboulay, professor of surgery in Lyon, France, attempted the first human transplants in 2 patients who were dying of renal failure: he connected the renal vessels of a sheep kidney to the brachial vessels of one of the patients and a pig kidney to the brachial vessels in the other patient.

Lymphocytes require synthesis of purine and pyrimidine nucleotides for replication, regulated by inosine monophosphate dehydrogenase (IMPDH) and dihydroorotate dehydrogenase (DHODH), respectively.

None of the donors reported problems with depression postdonation. However, it should be remembered that this is based purely on voluntary responses to a voluntary survey. It is difficult to know the degree of psychological detriment in those who did not return the surveys. This represents an important question that needs to be further addressed.

To replicate, lymphocytes require synthesis of purine nucleotides, regulated by inosine monophosphate dehydrogenase (IMPDH), and of pyrimidine nucleotides, regulated by dihydroorotate dehydrogenase (DHODH).

Even more important was the development of synthetic purine nucleoside analogues inhibitory to the herpes family of viruses, first acyclovir, and then ganciclovir and valganciclovir. Compared with acyclovir, both ganciclovir and valganciclovir proved to be more effective as treatment and prophylaxis against cytomegalovirus infection.

None of the donors reported problems with depression postdonation. However, it should be remembered that our study was based purely on voluntary responses to a voluntary survey. It is difficult to know the degree of psychological detriment in those who did not return the surveys: This represents an important question that needs to be further addressed.

There is plenty of evidence to suggest that these health care investments have paid handsome dividends.

There are two important questions that need to be further addressed. The results of glucose-tolerance testing in donors are biphasic: (1) an initial phase of suppression of pancreatic endocrine function resulting in low insulin levels and (2) a subsequent phase of spontaneous normalization of insulin levels and an elevation in C-peptide levels.

Indeed, in a prescient lecture in 1914, Alexis Carrel said that the technical problems of transplantation were essentially solved, but until some method was developed to prevent the reaction of the organism against the foreign tissue, there would be no clinical application of organ transplantation. Between the wars, experimental transplantations were occasionally performed, but there was no advance in knowledge. There was a serious clinical attempt by a Russian surgeon, Yu Yu Voronoy, who transplanted cadaveric kidneys into six human recipients, but without success.

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Throughout 2001 and 2002, Peter rode the subway almost every day, snapping photographs with a little camera hidden in a bag. [Review of The Subway Pictures (by Peter Peter), The New Yorker, October 11, 2004, p. 99]

Suggested revision
From July 1, 1997, through June 30, 2004, we performed 49 living donor liver transplants.

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Between 2001 and 2002, Peter rode the subway almost every day, snapping photographs with a little camera hidden in a bag. [In 2001 and 2002, Peter rode the subway almost every day, snapping photographs with a little camera hidden in a bag.]

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Suggested revision
The preoperative evaluation for all donors was similar: We chose only donors who were between 18 and 55 years old, whose blood group was compatible with the recipient, and who were medically in good health.

Suggested revision
The authors contend that...